Submitting Your Registration-Health Care Providers and Vendors

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Registration

Registration is the first step of the process to becoming a new WorkplaceNL supplier. To register as a new health care provider or supplier contact us purchasing@workplacenl.ca or 1.800.563.9000.

If you have more than one company with the same bank account, please do not continue. Contact us at <u>purchasing@workplacenl.ca</u> to assist you with registration.

Company Details

Begin by entering your company details.

Company: Enter Company name.

Tax Organization Type: Choose Corporation from the drop-down menu.

Corporate Web Site: This information is not required.

Attachments: You must attach a void cheque to receive payment by direct deposit.

Select the plus + icon to attach a void cheque.

Additional Information: Employer/Firm No., Vendor No. and MCP Provider No. This information is not required however it can be entered if available.

Your Contact Information: Enter First Name, Last Name and Email.

Click Next to continue.

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		Company Contacts Addresses Bank Review Details Accounts	
Register Supplier: Co	mpany Details ⑦	Back Next Seve for Later Register	ncel
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	* Company	Note to Approver	
	* Tax Organization Type		
	Corporate Web Site		
Attach a void cheque or confirma	ation of banking Information	one -	
Additional Information			
WorkplaceNL Assessments Employer/Firm No.		Doctor MCP No.	
WorkplaceNL Vendor No.			
Your Contact Information Enter the contact information for con		tration	
* Firs	t Name		
* Las	t Name		
	* Email		
* Confirm	n Email		
L			

Contacts

An administrative contact is created based on the information entered on the previous page. Click **Edit** to add a phone number for this contact.

WorkplaceNL Health Safety Compensation							i Sign In
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Register Supplier: Contacts Enter at least one contact.	0			Back	xt Save for Late	Regist	r <u>C</u> ancel
Actions View Format + Cre	eate 🧪 Edit 💸 Delete	e 🔲 Freeze 🔛 Detach	el Wrap				
Name		Job Title	Email	Administrative Contact	Request User Account	Edit	Delete
Doe, Jane			test@test.ca	~	~	1	×
Columns Hidden 7							

To add a phone number, add "1" in the first field, then tab through the remaining fields. **Administrative Contact** must remain selected. Click **OK**.

Edit Contact: Jane Mur	ohy				×
Salutation	~	Phone	1 🔹	709	
* First Name	Jane	Mobile	•		
Middle Name		Fax	•		
* Last Name	Murphy	Email	wpnlportaltest@	outlook.com	
Job Title		Status	Active 🗸		
	Administrative contact				
					O <u>K</u> <u>C</u> ancel

To add additional users, click **Create.** This step can also be completed at a later time.

Click Next to continue to the next section.

WorkplaceNL Health Safety Compensation					j) Sign In
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Enter at least one contact.					
Actions 🔻 View 🔻 Format 👻 🕂 Create 🧪 Edit 🗙 Delete 💿 Freeze 🔛 Detach 斗 Wrap					
Name	Job Title Email	Administrative Contact	Request User Account	Edit	Delete
Jane, Smith	wpnljmtesting@)gmail.com 🗸	~	1	×
Columns Hidden 7					

Addresses

Click Create to add an address for the company.

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Health Safety Compensation									
			~ -	⊘ —€) — 4 -	- 5			
			Company Details	Contacts Addre	esses Bank Accounts	Review			
Register Supplier: Add	lresses						Back Next Save	for Later Register	Cancel
Enter at least one address for remit-	o and ordering a	address purposes.	onorada						-
Actions • View • Format •	+ Create	🖉 Edit 🛛 💥 Delete	Freeze	Detach					
Address Name	Address	-			*	Phone	Address Purpose	Edit	Delete 🇘
4									
Columns Hidden 3									

Do not use auto-fill to enter address details

Address Name: Enter "MAIN". Use all capital letters.

Country: The default is Canada; a different country can be selected from the drop-down menu.

Address Line 1: Enter street number and name.

City: Enter your city/town. An address search window may pop-up with address suggestions. Select your city listing with the province abbreviated (NL, not Newfoundland).

Province: Select province from the drop-down menu if it is not auto-filled.

Postal Code: We recommend searching for your postal code. Select **Search** at the bottom of the drop-down menu, enter your postal code (space required), then **Search**. Select the correct listing from list presented and click **OK**.

Address Purpose: Select the Ordering and Remit to boxes.

Phone: Phone number is required for future processing.

Create Address					
* Address Name		* Address Purpose	Ordering Remit to		
* Country	Canada 🗸	Ĺ	RFQ or Bidding		
* Address Line 1		Phone	1 🔻		
Address Line 2		Fax	1 🔻		
Address Line 3		Email			
* City		L			
* Province					
Postal Code					
Address Contacts					
Select the contacts that are assoc					
Actions View Format	▼ X 🛃 IIII Freeze 📓 Detach	📣 Wrap			
Name		Job Title	Email	Administrative Contact	User Account
No data to display.					
Columns Hidden 4					
				Create Anothe	r O <u>K</u> <u>C</u> ancel

The **Address Contacts** section will link the address to the contact(s) added in the previous step. Click **Actions**, then **Select and Add**.

Create Address						
Address Name	MAIN	* Address Purpose				
e * Country	Canada 🔻		Remit to RFQ or Bidd	ing		
* Address Line 1	16 Test St.	Phone	1 💌	709	1111111	
Address Line 2		Fax	1 💌			
Address Line 3		Email				
	Toronto 💌					
* Province	Ontario 💌					
Postal Code	M1B 0A9					
Address Contacts Select the contacts that are assoc	ated with this address.					
	🗸 🚉 🏢 Freeze 📓 Detach	⇔≣ Wrap				
Remove		Job Title	Email	A	dministrative Contact	User Account
N Select and Add						
					Create Another	O <u>K</u> <u>C</u> ancel

Highlight the contact by clicking it. Click **Apply**, then **OK**.

Select and Add: Conta	icts		×
✓ Search			
Name View View Format	↓Î Wrap	Job Title	V Sea <u>r</u> ch Reset
Name	Job Title	Email	Phone
Doe, Jane		test@test.ca	+1 (709) 111-1111
Rows Selected 1 Col	lumns Hidden 1		
		A	oply O <u>K</u> <u>C</u> ancel

You are returned to the **Create Address** screen to confirm the selected individual has been associated with the address. Click **OK**.

Create Address					
* Address Name	MAIN	* Address Purpose	 Ordering Remit to 		
* Country	Canada 🗸		RFQ or Bidding		
* Address Line 1	16 Test St.	Phone	1 🔻 709	1111111	
Address Line 2		Fax	1 •		
Address Line 3		Email			
* City	Toronto		-		
* Province	Ontario 💌				
Postal Code	M1B 0A9				
Address Contacts					
Select the contacts that are assoc					
Actions View View Format	🖌 🔀 🥅 Freeze 🔛 Detach	el Wrap		Administrative	
Name		Job Title	Email	Contact	User Account
Doe, Jane			test@test.ca	~	~
Columns Hidden 4					
				Create Anothe	O <u>K</u> Cancel

Select Next to continue to the next section.

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Health Safety Compensation					y.
	⊘—⊘—3 – 4 – 5				
	Company Contacts Addresses Bank Review Details Accounts				
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Enter at least one address for remit-	o and ordering address purposes.				
Actions • View • Format •	🕂 Create 🥒 Edit 💥 Delete 🔠 Freeze 🔛 Detach 🚽 Wrap				
		* Phone	Address Purpose	Edit	Delete
Address Name	Address	Phone	Audress Purpose	Eult	Delete

Columns Hidden 3

Bank Accounts

Select Create to add banking information.

WorkplaceNL					\land	(j) Sign In
Health Safety Compensation						•
	⊘ — ⊘		5			
	Company Contacts Details	Addresses Bank Re Accounts	view			
Register Supplier: Bank Accounts ⑦	Count	Accounts		Back Next Save f	or Later Registe	er Cancel
Actions 🔻 View 🔻 Format 👻 🕂 Create 🥒 Edit 💥 Delete 🏢 Freeze	🔐 Detach 🐳 Wrap					
Account Number	IBAN	Currency	* Bank	* Branch	Edit	Delete 🧘
 Control (1998) 						
Columns Hidden 7						

If you did not attach a void cheque in the Company Details section, use the **Back** button (do not use the back arrow in your browser) to navigate back to the **Company Details** screen to add a void cheque as an attachment.

Reminder: if you have more than one company with the same bank account, do not continue. Contact us at <u>purchasing@workplacenl.ca</u> to assist you with registration.

Country: Select country from the drop-down menu.

Bank: Select bank from the drop-down menu.

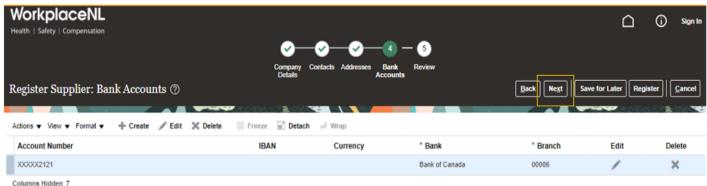
Branch: Select branch (transit number) from the drop-down menu.

Account Number: Enter account number, it must be between 7 and 14 digits.

No other information is required. Select OK.

Create Bank Account								
Enter account number or IBAN unless account number is marked as required.								
* Cou	intry Canada	▼ IBAN						
* Bank	Bank of Canada	✓ Currency ✓						
* Branch 00006 ~								
* Account Num	nber 121212121							
Additional Information								
Account	t Name	Agency Location Code						
Alternate Account	t Name	Account Type						
Account Suffix		Description						
Check	Digits							
Comments								
Note to Approver	1							
		Create Another O <u>K</u> Cancel						

Select Next to continue to the next section.



Review

Review your information to ensure it is accurate and complete. To edit information in a previous section, use the **Back** button to navigate to the previous screen. Reminder: do not use the back arrow in your browser.

Click **Save for Later** if the application requires additional review or is incomplete to receive an email with a link to return to your incomplete application. If the email is not received, we suggest checking your spam or junk folders. You can also contact us at <u>purchasing@workplacenl.ca</u> for assistance.

Once complete, click Register to submit the request to WorkplaceNL for review and approval.

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Review Supplier Registrat	ion: Testing Ltd. ⊘			Back	egt Save for Later	r Register	Cancel
		Concerning and					
Company Details							
Company	Testing Ltd.			Note to Approver			
Tax Organization Type	Corporation				2	6	
Corporate Web Site							
Additional Information							
WorkplaceNL Assessments Employer/Firm No.				Doctor MCP No.			
WorkplaceNL Vendor No.							
Attachments							
Actions \bullet View \bullet $+$ \times							
Type Category	* File Name or URL		Title	Description	Attached By	Attached Date	0
File From Supplier	Supplier Testing docx		Supplier Testing doc	K (anonymous	10/20/2023 13:	28

Next Steps

You will receive two emails once your application has been reviewed. The first email will advise your supplier registration was approved and no action is needed. The second email will advise when your account is ready to activate. Simply follow the instructions outlined in the email to finalize your setup.

When finalizing your account setup, refer to the Finalizing Your Registration Reference Guide for assistance.